

No. 300
10.48

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27276

BIRTH NO. 41967-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Galena Township 0490	
c. LENGTH OF STAY (in this place) 3 day		d. STREET ADDRESS (If rural, give location) Joplin, R F D 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Marvin c. (Last) Lowery			4. DATE OF DEATH (Month) (Day) (Year) Aug 16 1950		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 19, 1950	9. AGE (in years last birthday) -	IF UNDER 1 YEAR Months Days Hours Min. - - 27
----------------	---------------------------	---	-----------------------------------	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	-------------------------------------

13a. FATHER'S NAME Lee Lowery	13b. MOTHER'S MAIDEN NAME Denna Grew	14. NAME OF HUSBAND OR WIFE None
----------------------------------	---	-------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lee Lowery, Joplin, RFD 3	ADDRESS Joplin, RFD 3
--	---------------------------------	--	--------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 sec 1 week 2 weeks 7720
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation of Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial Pneumonitis DUE TO (c) Malnutrition		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from July 19, 1950, to Aug. 16, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert K. Saylor M.D. D.	23b. ADDRESS 110 N. Webb St. Webb Mo	23c. DATE SIGNED 7/18/50
--	---	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. 8-19-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut Gloyer Mortuary, Joplin	ADDRESS
-------------------------------------	--------------------------------------	---	---------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-29-50
Jasper County Health Office

County File Number 50-8-628

Date Filed 8-29-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Everett Hicks

working under my personal supervision.

Signed *Everett Hicks*
Student Embalmer

Student Embalmer No. 372

Signed

Dale Glover

Licensed Embalmer No. 4593

P. O. Address *Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.